IPDR6702				NORTH CAROLINA		PAGE	2. 1	
	: 10/09/2005		IPF	NORTH CAROLINA US CHECKWRITE SUMMARY REPORT		PAGE	1	
				HECKWRITE DATE: 10/11/2005				
		1	1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0	0	
					U	0	0	U
3404904	WESTERN HIGHLAN	11	856	CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	DS LME			DATE				
		79	421	THIS SERVICE IS NOT PAYABLE TO	3	2740	12160	9420
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	419	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	10	237	DIAGNOSIS OR SERVICE INVALID F				
-				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	85	DETAIL NOT COVERED BY COMBINAT	3	525	9796	9230
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	67	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	191	64	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		8599	37	DETAIL NOT COVERED BY COMBINAT	18	146	6293	6147
				ION OF RECIPIENT, PROVIDER AND	10	140	6293	0147
				BENEFIT PACKAGE.				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE				
		0531		RVICES IN IPRS.				
3404913		8599	2804	DETAIL NOT COVERED BY COMBINAT				
3404313	MECKLENBURG COM ENTAL HEALT	0399	2004	ION OF RECIPIENT, PROVIDER AND				
	DATE HERE			BENEFIT PACKAGE.				
		8933	572	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1017	4817	22306	17489
		10	404	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA	8599	52	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	VIORAL HEAL			BENEFIT PACKAGE.				
		8621	12	60 RESIDENTIAL LEVEL III TREAT	0	65	288	223
				MENT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.				
							<u> </u>	
-		8651	1	ONLY FOUR UNITS ALLOWED PER MO				
				NTH				
3404917	CENTERPOINT HUM	8535	4196	SERVICE FACILITY LOCATION WAS				
	AN SERVICES		1	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
				TOOK CERTIF HIT				
		11	1194	CLIENT NOT ELIGIBLE ON SERVICE	0	6300	7940	1640
				DATE				
		8329	625	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		-						
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	21	28	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8535	27	SERVICE FACILITY LOCATION WAS	3	88	6555	6467
				NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
				PLEASE RESUBMIT TOUR CLAIM WIT				
		8599	24	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8599	965	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND			<u> </u>	
				BENEFIT PACKAGE.	1		<del>                                     </del>	
		21	101	DUPLICATE OF CLAIM-SYSTEM	43	1000	3700	2460
		1-			43	1233	3702	2469
							<del> </del>	
		5404	69	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404921		8599	636	DETAIL NOT COVERED BY COMBINAT				
3404921	ORANGE PERSON C HATHAM AREA	0399	030	ION OF RECIPIENT, PROVIDER AND				
	HATHAM AKEA			BENEFIT PACKAGE.				
		5312	183	PRIOR AUTHORIZED DOLLARS EXCEE	10	1304	4473	3169
				DED				
		10	0.4	DYNONIA OR ORDIVOR THUNKER I				
		10	84	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIRGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT	8329	934	CLAIM DENIED ATTENDING PROVIDE				
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	23	DETAIL NOT COVERED BY COMBINAT	0	990	1070	80
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACRAGE.				
		191	21	CLIENT ID NUMBER DOES NOT MATC	1	1	<del>                                     </del>	
		-		H PATIENT NAME			<del> </del>	
3404923	FIVE COUNTY MH	8329	23	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA	1		<del>                                     </del>	
		21	14	DUPLICATE OF CLAIM-SYSTEM	-		1000	1000
		+-	· ·		0	50	1288	1238
		191	8	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
							<b></b>	
3404925		8536	690	ATTENDING PROVIDER TYPE AND SP			<del></del>	
J1017Z3	SANDHILLS CENTE	0330	030	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	1		<del>                                     </del>	
	R FOR MH/DD	1		VALID FOR SUBMITTED BILLING PR	1	1	<del>                                     </del>	
							<del>                                     </del>	
		79	532	THIS SERVICE IS NOT PAYABLE TO	51	1835	2209	374
				YOUR SUBMITTED BILLING	31			
				PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TYPE AND SPECIALTY IN				
		8534	308	PROVIDER TYPE AND SPECIALTY IN SERVICE FACILITY LOCATION IS N				
		8534	308	PROVIDER TYPE AND SPECIALTY IN				

	T	T		I		ı		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	ΤΟΤΑΤ.	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	PAID
3404926	SOUTHEASTERN RE	21	1723	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		11	1022	CLIPMS NOW BLICIDLE ON CEDUTOR				
		11	1033	CLIENT NOT ELIGIBLE ON SERVICE DATE	310	4153	8249	4096
				DATE				
		8599	686	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	11	61	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		0.000		CO DESTRUMENT A PRINT AT MERITAN				
		8622	51	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	0	186	891	705
				FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		8599	47	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	1		1	BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0						
	1	U	0		0	0	0	0
	1		<b>—</b>					
3404930	TOTINIOMONI GOTTUMI	8935	79	ASTNC INELIGIBLE TO RECEIVE SE				
3101330	JOHNSTON COUNTY MNTL HLTHC	0333		RVICES IN IPRS.				
	MINIT REIEC							
		8599	68	DETAIL NOT COVERED BY COMBINAT	138	330	4357	4027
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	51	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931		11	288	CLIENT NOT ELIGIBLE ON SERVICE				
3404931	WAKE CO HUM SVC	11	200	DATE				
	BILLING OF							
		8000	68	NO RATE AVAILABLE ON FILE TO P	2	432	698	266
				RICE THIS CLAIM DETAIL				
		8535	36	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404932	DANIDAT DII (GANIDIIT	0	0	*** NO DATA TO REPORT ***				
- 10 1734	RANDOLPH/SANDHI LLS CO MH C	-	-	District AV AMERICA				
	THO CO MIT C	1	<del>                                     </del>					
	1	<u> </u>	<b>†</b>	<u> </u>				
	1	0	0		0	0	0	n
	1				-	_		
3404933	SOUTHEASTERN CT	120	160	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		0500	141	DEMATI NOW COURDED BY COMPANY				
	1	8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	5	618	3387	2769
	-	1		BENEFIT PACKAGE.				
	+		<del>                                     </del>					
	1	79	93	THIS SERVICE IS NOT PAYABLE TO				
	1			YOUR SUBMITTED BILLING				
	1		1	PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLOW CARTERET	8535	324	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	88	DETAIL NOT COVERED BY COMBINAT	4	559	1852	1293
		+						1
				ION OF RECIPIENT, PROVIDER AND				
				DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	52	BENEFIT PACKAGE.				
		11	52					
		11	52	BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE				

							momar	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-			
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		(	0	0	
3404936	WILSON-GREENE M	8599	57	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	45	DUPLICATE OF CLAIM-SYSTEM				
		21	40	DUPLICATE OF CLAIM-SISIEM		110	963	85
		191	5	CLIENT ID NUMBER DOES NOT MATC				
			-	H PATIENT NAME				
3404937	EDGECOMBE NASH	8599	768	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1							
		21	165	DUPLICATE OF CLAIM-SYSTEM	(	938	4838	390
						330	1330	
								İ
								1
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				1
				OV/PCODE/TOS/DOS/MOD				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		(	0	0	(
3404939	NEUSE MENTAL HE	8535	412	SERVICE FACILITY LOCATION WAS				
	ALTH CENTER			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	86	DETAIL NOT COVERED BY COMBINAT	(	613	1419	806
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				OLITHIA NOR BLIGGER ON ORBUTOR				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
	_							
2404941		120	075	CITEMO IN NUMBER MICCINC OR IN				
3404941	PITT CO MH/DD/S	120	875	CLIENT ID NUMBER MISSING OR IN				
3404941	PITT CO MH/DD/S AS CENTER	120	875	VALID. ENTER CID AND SUBMIT				
3404941		120	875					
3404941		120	875	VALID. ENTER CID AND SUBMIT				
3404941		120	875	VALID. ENTER CID AND SUBMIT		875	875	
3404941		120	875	VALID. ENTER CID AND SUBMIT		875	875	. (
	AS CENTER	0	0	VALID. ENTER CID AND SUBMIT	(	875	875	
3404941	AS CENTER  ROANOKE CHOWANH	120	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM		875	875	
	AS CENTER	0	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	(	875	875	. (
	AS CENTER  ROANOKE CHOWANH	0	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM		875	875	
	AS CENTER  ROANOKE CHOWANH	0	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941 3404942	AS CENTER  ROANOKE CHOWANH	21	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM	11		875	
	AS CENTER  ROANOKE CHOWANH	21	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P				
	AS CENTER  ROANOKE CHOWANH	21	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P				
	AS CENTER  ROANOKE CHOWANH	21	0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P				
	AS CENTER  ROANOKE CHOWANH	21	109	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	AS CENTER  ROANOKE CHOWANH	21	109	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT				
3404942	AS CENTER  ROANOKE CHOWANH	21	109	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
3404942	AS CENTER  ROANOKE CHOWANH	21	109	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404942	AS CENTER  ROANOKE CHOWANH  UMAN SERVIC	0 21 21 8000	0 109 87	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 21 8000	0 109 87	VALID. ENTER CID AND SUEMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT				
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 21 8000	0 109 87	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 21 8000	0 109 87	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		321		77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 8000 8599	0 109 87 67	VALID. ENTER CID AND SUEMIT AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	321	1093	77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 8000 8599	0 109 87 67	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	11	321	1093	77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 8000 8599	0 109 87 67	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SEVERE DUPLICATE: SAME ATTD PR  OV/PCODE/TOS/DOS/MOD	11	321	1093	77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	0 21 8000 8599	0 109 87 67	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	11	321	1093	77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	8000 8599 8599	0 109 87 67 160	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SEVERE DUPLICATE: SAME ATTD PR  OV/PCODE/TOS/DOS/MOD	11	321	1093	77:
3404942	AS CENTER  ROANOKE CHOWANH UMAN SERVIC	8000 8599 8599	0 109 87 67 160	VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DUPLICATE OF CLAIM-SYSTEM  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SEVERE DUPLICATE: SAME ATTO PR  OV/PCODE/TOS/DOS/MOD	11	321	1093	77:

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	21	20	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
-								
		11	5	CLIENT NOT ELIGIBLE ON SERVICE		0 27	143	116
				DATE				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0 0	1	1
3404957	TIDELAND MENTAL	8599	33	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	16	SERVICE REQUIRES PRIOR APPROVA		3 79	3984	3905
				L				
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM	11	392	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	156	DUPLICATE OF CLAIM-SYSTEM		1 563	1422	859
		8599	13	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				